

DEVELOPMENT SERVICES DEPARTMENT
Building Safety Division



14455 W. Van Buren St. Ste. D101
Goodyear, AZ 85338
Phone: (623) 932-3004
Web site: www.goodyearaz.gov

PERMIT APPLICATION

Project Name: _____ Property Address: _____ Sq. Ft.: _____ Parcel #: _____ Lot#: _____ Project valuation: _____ City's valuation: _____ Property Owner: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____ Contact name for inspections: _____ Contact phone # for inspections: _____ Property Owner and Contact Person will be notified via email when comments/plans/permits are available for pickup.	Contact Person: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Email: _____ Licensed Contractor: (Required prior to permit issuance!) Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ ROC License #: _____ Class: _____ AZ State Tax #: _____ Phone #: _____ Signature of Owner/Owner's Representative: _____ Date: _____
ALL SUBMITTALS SHALL INCLUDE THE FOLLOWING: Please contact a Development Services Technician at 623-932-3004 for specific submittal requirements. Fees: Please contact a Development Services Technician at 623-932-3004 regarding fees.	This application is hereby made for permission to do the following: _____ _____ _____ _____ _____ OFFICE USE ONLY: <input type="checkbox"/> Deferral _____ Associated Building Permit: _____ SUBMITTAL OF DEFERRAL <input type="checkbox"/> NOTATE DATE SUBMITTED AND TYPE OF DEFERRAL IN H.T.E. UNDER ASSOCIATED BUILDING PERMIT. APPROVAL OF DEFERRAL <input type="checkbox"/> NOTATE DATE APPROVED AND TYPE OF DEFERRAL IN H.T.E. UNDER ASSOCIATED BUILDING PERMIT.

Date Filed: _____ Rcvd By: _____ Permit #: _____ Plan Review Fee Rcvd: _____